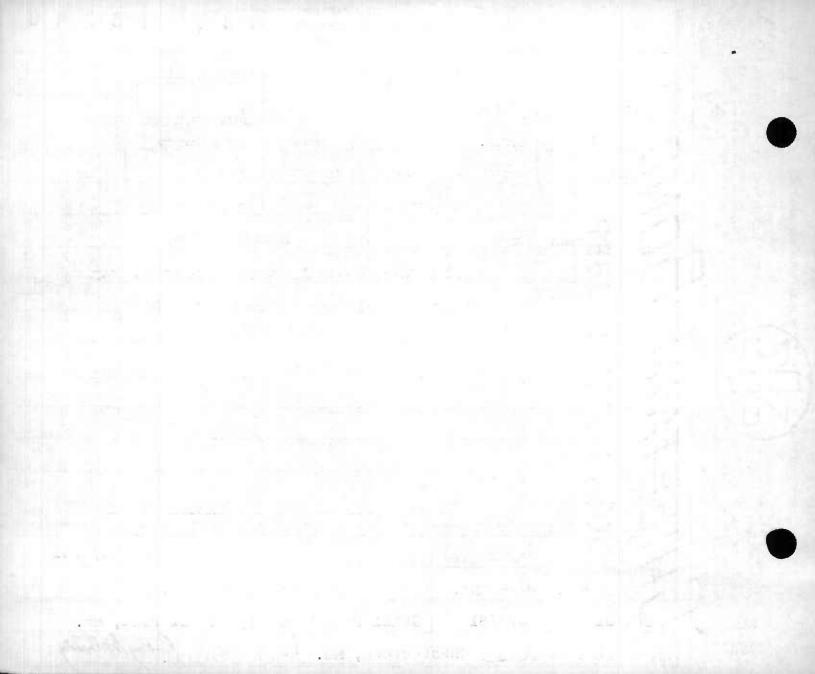


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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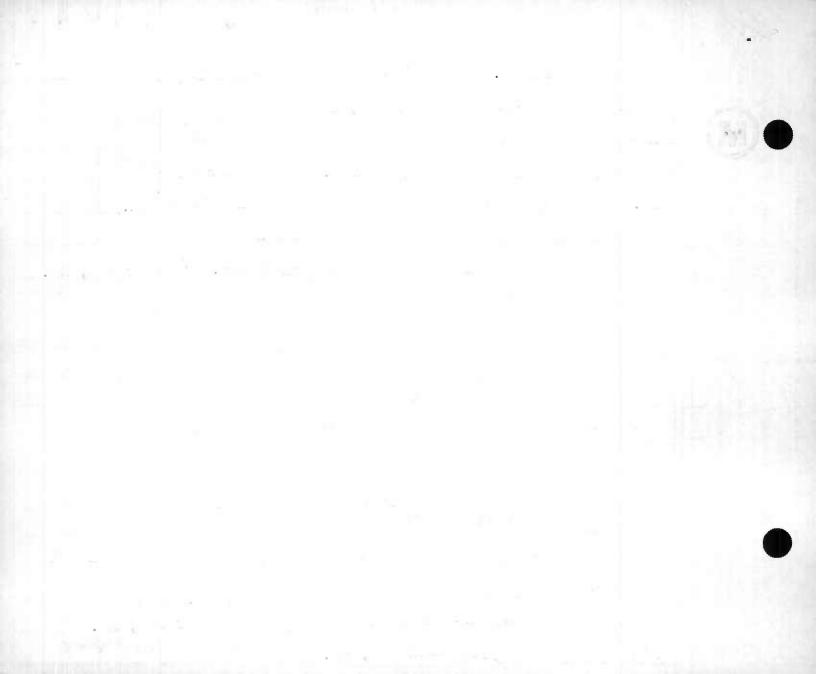
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE



Rock Hall, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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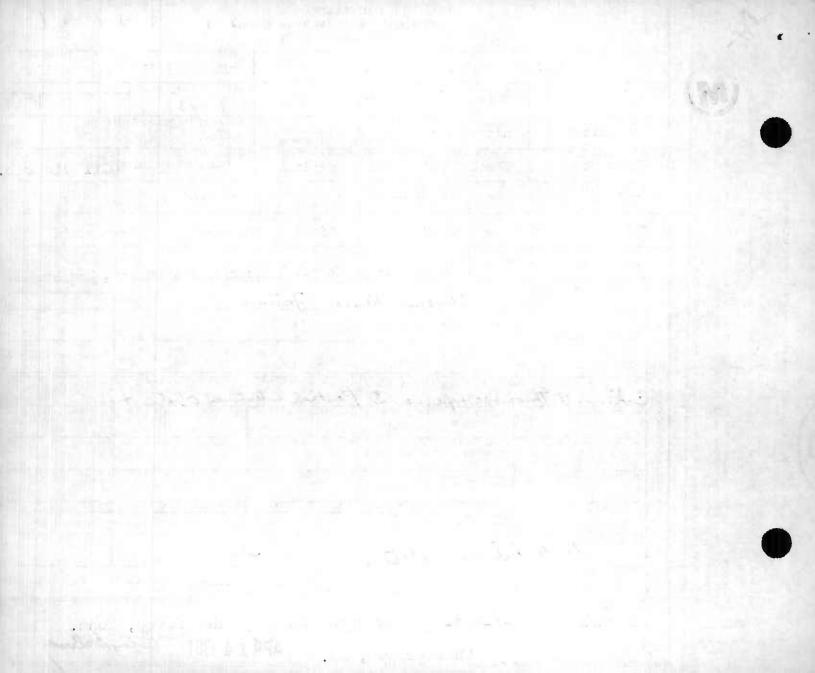
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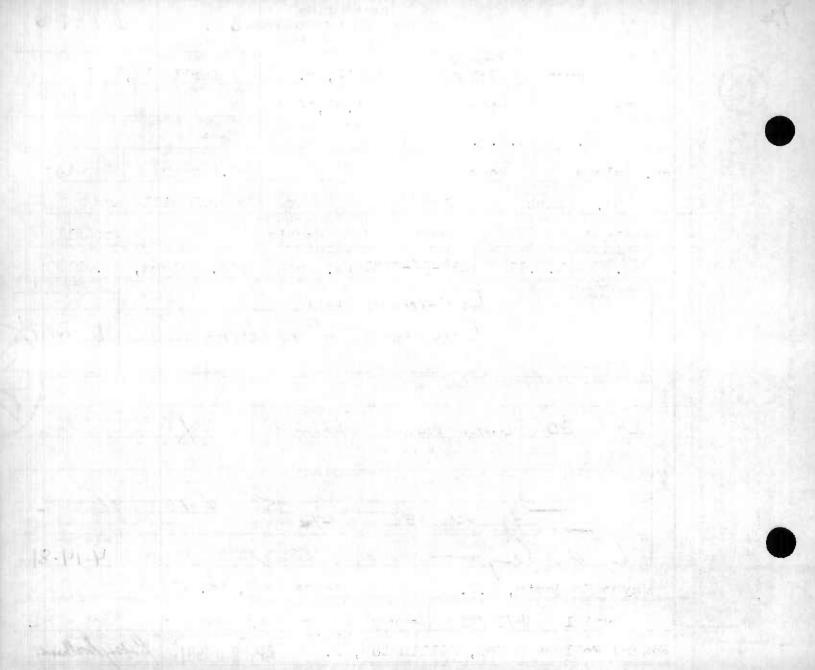
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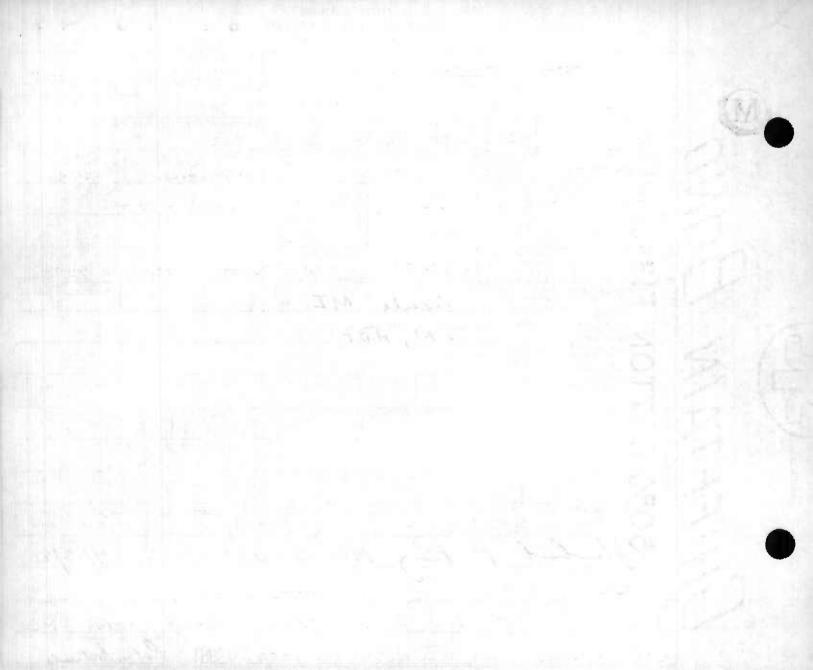
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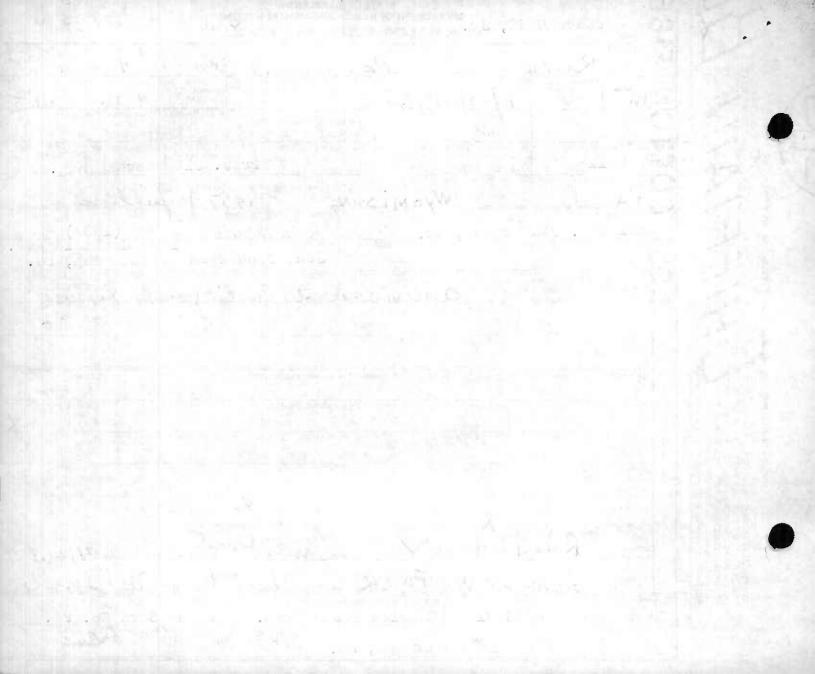
DEPARTMENT OF HEALTH AND MENTAL HYGIEN







					TE OF MARYL		40.00		p/m 3/5
. X		FOR STATE PENDERGA	AST, JAR	DEPARTMENT OF	HEALTH AND IER'S CERTII	MENTAL HYGI FICATE OF D	EATH REG	0 /	5 0
		CEASED NAME FIRST		MIDDLE	LAST		20. DATE KNOW!	N MONTH D	DAY YEAR 26. HOUR
7. S. S. F.	{TYP	RALPI	I F	- 10	FNDS	OC AST	OF ESTI-	0 4 2	6 1981 and
PEE OUR	3. SEX	ale RACEhite	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 Y		RS. 2c. DATE		DAY YEAR 24 HOUR
N SI H	123	m u	MONTH DAY	YEAR LAST BIRTHE	Moising Dais	HOURS MIN.	PRONOUNCED DEAD	476	19 8/K 9M
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		RTHPLACE (STATE OR	76. CITIZEN OF WE		I X		9. BALTIMORE CI	TY OR COUNTY C	
NECESSARY, PLEASE NUFRAL DIRECTOR. 5 FOR YOUR FILES. WIRESTON STREET,	FC	Mass.	USA		MARRIED W	DIVORCED [Ken		MD.
732033	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOM		ITUTION 126.	USUAL OCCUPATION	(TYPE OF WORK 12b.	KIND OF BUSINESS
OG FEET SOO		ck Hall	on a bo		7+>6.1-201 1-101	Pr	es. Plow	Works	or industry Mfg.
IF ANY DEFA 3. RETAIN OF SHOULD BE' I. RECORDS.		AL RESIDENCE (# IN HURSING HOME OF	R OTHER INSTITUTION, GIV TY	VE RESIDENCE BEFORE ADMISS	(NO)	DE CITY LIMITS? 13e.	STREET ADDRESS		
AAND AAND AAND AAND AAND AAND AAND AAND	130.5	PAI		WYDMI	SIM YES [NO DIE	37 gar	eld Cer	e
H. IF 13. 13. 13.	14. F/	ATHER'S NAME	MIDDLE	LAST	15. MO	THER'S MAIDEN NA	AME JUDOL		LAST
MD NO STATE		Ralph E. Pen	dergast	. Sr.	R	uth Abbo	nt t	(15:	
ORE, A	16a. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. INFO	DRMANT	ADD	RS Garf	ield Ave.
, BALTIMORE, MD. 21 URS. AFTER DEATH. IF B. GIVE PAGES 1, 2, 2, WITH FORM PM 3. I. PAGES 1 AND 2 SF DIVISION OF UTARES		Yes (IF YES, GIVE Y	WAR OR DATES)	196-03-82	73 Ja	ane Pend	ergast W	yomissi	ng, Pa.
WITH PARTY NEW THE PARTY NEW TITLE PARTY NEW T		18 CAUSE OF DEATH (Enter onl		for (a), (b), and (c),)					APPROXIMATE INTERVAL
F 0 = (0 = m)		PART I DEATH WAS CAUSED	BY:	a sterni	1 salen	J. Cur	li O vona	Man Di	BETWEFN ONSET AND DEATH
NO 24		4297	DUE TO, OR	AS A CONSEQUENCE					- cat
REST THIN LIN LIN VSIT CVAL		Conditions, if ony, which						ELWIN	
W. P.		gove rise to immediate couse (a) stating the under-	(b)	AS A CONSEQUENCE	OF				
- mr 3 2 4 8		lying couse lost.						- 4	
		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BHY NOT BELATED TO THE TERE	ANAL DISEASE OF CONTI	ITION CIVEN IN PART 1 (c	1		
BE E) UDING VEDICA AS A AATIG	Z				and distance on comb	THE COLE WITH THE	,		
RECORDS, JLD BE EXE: PENDING**	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WAS PERF	ORMED?		Ţ,	20 AUTOPSY?
SHOULD SHOULD DRD "PEN CHIEF A E USED " T OF HEA	5							100	YES NO W
OF VITA CATE SHO E WORD THE CHI LID BE US MENT OF	E	21a. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c. HOW INJU	JRY OCCURRED (EN	ITER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)	-
PICAT THE ATTHE AT		UNDERLYING OR		. MONTH DAY YEA					
VISION OF V	MEDICAL	CONTRIBUTING CAUSE OF E	P.M.		21f. LOCATION				
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD ROED TO THE CHIE SE 3 SHOULD BE US I E DEPARTMENT OF I PRIOR TO BURRAL, C	ME	WHILE NOT WHILE C	STREET FACT	TORY, FARM, ETC.	STREET		CITY OR TOWN	COUNTY	Y STATE
WAN WAN TAT		AT WORK AT WORK				J.			
LEXAMINER: TE CERTIFICATE, OULD BE FOR ALL DIRECTOR: N. WHY THE S. MARYLAND, 21		22a. I certify that I took charg	e of the remoins des	cribed obove, held on	Autopsy .	Inspection	Inquiry L,	ond in my opinio	on
A THE BEAN		death resulted from: Notur	rol coures	Accident . S	ricide 🔲, Ho	omicide Ur	ndetermined monner		
EXAMINER CERTIFICAT DIRECTOR: WITH THE ARYLAND, 3		ACTUAL RIL	A A	2011	TITLE	E (SPECIFI)	pula	DATE	1112/11
AL HOUSE	+	SIGNATURE	MINIC	200	M.D	my	MEDICAL EXAMINER	SIGNED_	4126/81
DEA S S S S S S S S S S S S S S S S S S S		EXAMINER'S NAMEO	0-11	. Fun	0	00	1-1-	21.0	2
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNENTIAL AFTER DEATH		(TYPE OR PRINT)	E KT V	VITAR	ADDRES		unum	INC	1620
PA TA PA		URIAL, CREMATION, REMOVAL ?			METERY OR CREM		I. LOCATION CITY OR TOWN	COUNTY	STATE
D. W. W. 17 DOW 1 77	100		/28/81	Charle	s Evans	Crem.	Reading	Berk Co	Pa.
DHMH-17 20M 1/73 (VR A15 ME (5))	24	UNERAL DIRECTOR	ADDRESS			N PRIESECT	D. BY REGISTRAR 2562	REGISTRAR' SIGN	NATURE
1		Mullis W.	ellsch	estertowr	, Md.	111100	1301		7



16 X0	1.3450	FOR F13 STATE REGISTRAR	se Film G	554 4/	15/81 TO DEPART	MENT OF I	TE OF M HEALTH ER'S C	ARYLAN AND MI ERTIFIC	ND ENTAL H CATE O	YGIENE F DEAT	н)	0	15	1
	1. DE	CEASED NAM	Addis	on	WIDDLE		kney	LAST		20.	DATE KN	CTI	MONTH	DAY YEAR	2b. HQUR
ARY, PLEA L DIRECT YOUR F		ale	4. RACE Black		3/1903	6. AGE (IN YEAR LAST BIRTHDA	MONTH	DER 1 YR.	IF UNDER HOURS	MIN. PR	DATE ONOUNCE DEAD	4/	11/8	L 19	2d. HOUR
IS NECESSARY PLEE FUNERAL DIRECTE FOR YOUR TO WITHIN 75 MG	Ba	RTHPLACE (S REIGN COUNTRY) 1to. N TY OR TOWN	ſd.	Lie NAME (OF WHAT COU! USA OF HOSPITAL, NU	JRSING HOME	WIDOW	ED 🗆	DIVORCE	ED []	Kent	Co.	OF WORK 121	b. KIND OF B	MD.
LEANY DELAY IS 12, AND 3 TO THE F SHOULD BE FILED LIFECORDS 301 WIRECORDS 301 WIRECORD	Ch USU/	estert	OWN	Kent OR OTHER INSTITU	Circle UTION, GIVE RESIDENCE 1131, GIP	E BEFORE ADMISSK	Hill	13d. INSIDE C	ITY I IMITS?	Reti	red	Min	ister	20784	IRY
MD. 21201 ATH. IF ANY S.1, 2, AND S. 1, 2, SHOUL MIAURECOR	M	ATHER'S NAME		1 10	11(0.91)	LAST	411	YES	R'S MAIDE	7528	Ardmo	ore Ro	oad, H	landove	er Hill
BALTIMORE, MD. 2 URS AFTER DEATH. 1 8. GIVE PAGES 1, 2, WITH FORM PM. 3 1. PAGES 1 AND 2 8 DIVISION OFWITAL	{Y		D EVER IN U.S. AR		5? 16b. SO	CIAL SECURITY	1	17. INFORA	TAANT		,	ADDRESS	Handov Ardmor	ver Hil	ll,MD.
. 0		18 CAUSE C	DF DEATH (Enter on EATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o	per line far (o), (b Proba	ble 1	ASCV							APPROXIMAT BETWEEN ONS	TE INTERVAL
PRESTI WITHIN INER A RANSIT AAL HY MOVAL		gave ri	ns, if any, which se ta immediate) stoting the under-	(b	Manne To, OR AS A COI	r of	deat	h re	semb1	Led t	hat:	from			
DS, 301 W. EXECUTED V G. EXAM A BURIAL-IR AND MEN' ION, OR RE.		lying case	GNIFICANT CONDITIONS	(c)		cai	rdia	c ari		RT 1 (a).					
TTAL RECORDS SHOULD BE EX SPOULD BE EX CHIEF MEDIC E USED AS A OF HEALTH A IAL CREMATIO	CERTIFICATION	19a. DATE OF	OPERATION	19b. (CONDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20. AUTOPSY	
DIVISION OF VITA BING THE WORR RITING THE WORR ROBED TO THE CH E 3 SHOULD BE UE E DEPARTMENT OF PRIOR TO BURIAL		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF	HO	TIME OF INJURY UR A.M. MONTH P.M.	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTERNATI	URE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2		NO 🗌
DIVISIC E, WRITING RWARDED I PAGE 3 SH STATE DEPA	MEDICAL	21d. INJURY C		21e F	PLACE OF INJURY REET, FACTORY, FARM, I			CATION		c	ITY OR TOWN		COUNT	Υ	STATE
EXAMINER: 1 CERTIFICATE, DID BE FORV DIRECTOR: P WITH THE SI		22a. I certi deoth result	fy that I taok charged from: Natur	ge of the remo	oins described abo		Autops	y , Hamic	Inspection		Inquiry 20		d in my apini	an	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, TO FUNERAL DIRECTOR: AFTER DEECTOR: AFTER DEECTOR: BALTIMORE, MARYLAND, 21		ACTUAL SIGNATURE	Robe	ert W	Farr	Kent	M.				NIMAX3 JA		DATE SIGNED.	4/11	./81
TO MED EXECUTI PAGE 4 TO FUN AFTER D BAITIMG	23a.B	PECIFY)	TION, REMOVAL 2	73b. DATE	23с.	NAME OF CEA	METERY OF	ADDRESS_	DRY	town	ATION		COUNTY		STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/77		UNERAL DIREC	rial Tor Funeral	4-16-: Home	3035	butus M W. Nor imore,	th A	Ave.		Balt REC'D. BY RE	imore GISTRAR 1981	25b. Rigge	nty, M	larylar	nd /

promption said anterior material 1891-11-4 [stm] possibly straightfrienly HPK 1 (1981

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1 -	FOR STATE			MENT OF HEALTI			107	5 .	3
N/ 12	REGISTRAR		MEDICAL	EXAMINER'S		REG	. NO.		
1	1. DECEASED NA (TYPE OR PRINT)	Mary	Virginia	Thomas	LAST	20. DATE KNOWN OF ESTI- DEATH MATED			26. HOUR 11:45
30 H 2 H	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF UN	NDER 1 YR. IF UNDER		MONTH DA		2d. HOVR
(848)	Female	Black	1-17-25 YEAR	LAST BIRTHDAY) MONT	HS DAYS HOURS	MIN. PRONOUNCED DEAD	4-27		8:30
	FOREIGN COUNT	RY)	76. CITIZEN OF WHAT COU!	MARR	IED NEVER MARRI		Y OR COUNTY O	FDEATH	
売り 3	Marylan		USA	WIDOV			IEN		MD.
O O Son	M: (1	inglow	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS) 30	1-291	120. USUAL OCCUPATION LEON MOST OF WORKING LIFE)	TYPE OF WORK 12b.	OR INDUSTRY	NESS
1201 ANV 7 AND 3 RETAR PROUID	Marylan	113h COUN	or other institution, give residenc TY 13, CITY	F BEFORE ADMISSION) Y OR TOWN STETTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		17.4	
MD. 2 S 1, 2, PP 3 3, VI 2 5, VI 2 5,	14 FATHER'S NA	ME	WIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
ORE, MD AGES 1, ORM PM 1 AND 2	Thomas	R.	Freeman		Sophie	Massa	Grav		
BALTIMORE, RRS AFTER DE GIVE PAGES WITH FORM WITH FORM DIVISION ON	160. WAS DECEA	SED EVER IN U.S. AR	MED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDR	ESS		A N
URS AFTER OURS AFTER WITH FOU	No			-24-4662	Mrs. Saral	n Caulk, Chest	tertown,	MD	
TED WITHIN 24 HOL PENCIL IN ITEM 18 XAMINER ALONG VALARIARE ALONG VALARIARE ALONG VALARIARE ALONG VALARIARE ALONG VALENDER PREWIT	Candi gove couse	DEATH WAS CAUSED	ly one cause per line for (o), (b) DBY: Severe TE CAUSE (a) DUE TO, OR AS A CON DUE TO, OR AS A CON	Head Injur	ies with Fr	ractured Skull	and a	APPROXIMATE IN ETWEEN ONSET A	ITERVAL NO DEATH
6 02724		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).			
L RECORD UID BE EX "PENDING EF MEDIC SED AS A HEALTH A HEALTH A	~	enger in a	car which st			ractor traile			
TAL REMINION TAL REMINION TO SERVICE TO SERV	S ING. DATE	OF OPERATION	196. CONDITION FOR	WHICH OPERATION W	/AS PERFORMED?		20	. AUTOPSY?	
OF VITA OF VITA THE CH THE THE CH	21a EXTER	NAL CAUSE WAS	21b. TIME OF INJURY	In. (i	OW IN HURY OF SURE			YES 🗆	NO X
- UF 7 < 0 - C	UNDERLYI	NG OR ITING CAUSE OF E	HOUR A.M. MONTH	DAY YEAR	Harris Harris	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
CERTIFIC CERTIFIC TING THOED TO DED TO E 3 SHOU E 10 EPART	21d INTUR	YOCCURRED	21e. PLACE OF INJURY STREET, FACTORY, FARM, E	(AT HOME, 211, LO	to accident CATION STREET	CITY OR TOWN	COUNTY		STATE
DI NTE, WRIT ORWARD R: PAGE R: PAGE R: STATE I	AT WORK	NOT WHILE		and Rt. 291	, near Mil			yland	STATE
ATE. FORN	22a. 1 ce	ertify that I took charg	e of the remains described obo	ove, held an Autop	sy . Inspection	x, Inquiry .	and in my opinion		
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE SARYLANDAZ	death res	ulted from Natur	Accident	X Suicide	, Homicide .	Undetermined monner]		
CER	ACTUAL	Wh	Myta	1	TITLE (SPECIFY)		DATE 1		
MEDICAL CUTE THE CUTE THE E B SHOU FUNERAL SIR DEATH,	SIGNATUR	E - V	W. I	M	.o. Deputy	MEDICAL EXAMINER	SIGNED.4	-27-81	
TO MEDICAL E EXECUTE THE PAGE 4 SHOL TO FUNERAL AFTER DEATH, BALTMORE, M.	EXAMINER (TYPE OR P	SNAME Rober	t W. Farr, M.	D.	ADDRESS Ches	tertown, Mary	Land		
TO I	230. BURIAL, CREA	MATION, REMOVAL 2		NAME OF CEMETERY O		Chestertown	COUNTY	Maryla	
BP	24. FUNE L DIR	ECTOR-A	5-2-81 J	ohn Wesley		Chestertown,			па
DHMH - 17 (VR A15 ME (5)) 15M 7/77	200m	melt, We	Chestertown	, Maryland	Al	PR 2 8 1981	tistay	hallud	7

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